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WAS A<br>PERFOR<br>YES                                                           | Condition which above stating lying PART I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ons, if any, gave rise to cause (a), the undercause last.  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FOR THE HOLD  OF About home, 12  And THEY HOLD  OF ABOUT HOME, 12  AND DESCRIBE HOLD  OF ABOUT HOME, 12  AND D | CERCITAL CONTROL OF CITY, TOWN, O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | o the terminal D. 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(Enter natural R LOCATION and last saw him                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PART of ignury in     | III. If dec there a PART I or COUNTY                                                   | assed w pregnance No PART It of        | Kungu es female y in last 90 Un f irem 18.) |
|    | 20c. TIME CONJURY 20d. INJURY 20d. INJURY WHILE NOT W  21. I attend Death 22a. SIGNA | Condition which above stating lying PART I VOOPSY (MED?)  TO HOUSE AT WORLD | ons, if any, gave rise to cause (a), the under-cause (ast.)  I. OTHER SI disease co  Month,  WORK   Recessed from. | DUE TO (EDUE TO (EDUE)TO (EDUE TO (EDUE | OF INJURY (e. actory, street, c. 123c. NAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DNTRIBI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | THE STATE OF THE PARTY OF THE P | CERCIS  CONTROL  NOTATION  | o the terminal  Control  Contr | of injury in alive on | COUNTY                                                                                 | assed w pregnance No PART It of        | ss female y in lest 90 Un f item 18.)       |
|    | 20c. TIME OF INJURY  20d. INJURY  WHILE NOT V  21. I attend  Death  22a. SIGNA       | Condition which cabove stating lying PART I POST NO PO | ons, if any, gave rise to cause (a), the under-cause (ast.)  I. OTHER SI disease co  Month,  WORK   Recessed from. | DUE TO (EDG STIFF CAUSE (a DUE TO (EDG STIFF CAU | OF INJURY (e. actory, street, c. 123c. NAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DNTRIBI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | THE SECOND TO DEAT OF About home, about ho | CERCIS  CONTROL  NOTATION  | o the terminal Leading to the terminal D. (Enter nature) of the terminal D. (Enter nature) of the terminal to the best seed t | of injury in alive on | COUNTY  COUNTY | assed w pregnance No PART It of        | ss female y in lest 90 Un f item 18.)       |

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|   | STATEMENT BY LICENSED EMBALMER    |    |
|   | and the second second             |    |

Limited & I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Student Embalmer No.

The way is the same

Signature of Student Embalmer

LASSING L

Student\_

man was a second

working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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